

(For Board Use Only- Do Not Write Above This Line)

**ARIZONA BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND SURGERY**  
 9535 East Doubletree Ranch Road | Scottsdale AZ 85258  
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 www.azdo.gov | questions@azdo.gov

**OSTEOPATHIC POST GRADUATE TRAINING PERMIT REGISTRATION  
 (Internship-Residency-Fellowship)**

Arizona Revised Statutes §32-1829 provides exemption from licensure of a person while participating in an approved hospital training program, provided (s)he complies with the applicable registration requirements of the chapter. The individual must register with the Board for each year of training and pay the **\$53.00 registration fee**. The following information must be completed by the applicant and the licensed hospital which sponsors the accredited training program and submitted to the Board's office at least thirty (30) days prior to the beginning date of the requested registration.

Applicant must complete the Arizona Statement of Citizenship and Alien Status for State Public Benefits – Professional License. The Statement of Citizenship form must be signed and submitted with required documentation. (Page 4 & 5)

**To Be Completed by Applicant:**

Applicant Full Name: \_\_\_\_\_  
(Last) (First) (Middle)

Other names used: \_\_\_\_\_, Please attach copies of all legal documentation showing name changes (i.e marriage certificate, divorce decree).

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Resident address while in Arizona: \_\_\_\_\_  
(Number and Street)  
 \_\_\_\_\_  
(City) (State) ( Zip)

Phone number to reach you while in Arizona: \_\_\_\_\_

Medical School Attended: \_\_\_\_\_  
(School name) (Location) (Date of Graduation)

States where you are or have been licensed:  
 \_\_\_\_\_  
(Name of State) (License Number) (Status)

In the box below, fill in the name of the program that you are applying for with this application and the month and year you expect to participate.

Full Name of Program	Address (City, State, Zip)	Years Applied For (Month/Year)
		/ to /

Program Approved: AOA \_\_\_\_\_ ACCME \_\_\_\_\_ OTHER \_\_\_\_\_ (Describe)

This is an: Internship \_\_\_\_\_ Residency \_\_\_\_\_ Fellowship \_\_\_\_\_

In the box below, please list the internship and residency program(s) you have already completed (if any).

Full Name of Program	Specialty	Address (City, State, Zip)	Years Attended (Month/Year)
			/ to /
			/ to /

**PROFESSIONAL CONDUCT HISTORY (To be completed by applicant)**

<u>If you answer "yes" to any of the following questions, please attach an explanation of the situation on a separate sheet. As appropriate, attach copies of documents from hospitals, programs, State Boards, courts, and law enforcement agencies confirming your explanation.</u>	YES	NO
1. Have you been diagnosed with or developed initial or worsening symptoms of a physical, mental, or emotional condition which did or may impair or limit your ability to safely practice medicine?		
2. Have you been convicted of, pled guilty or no contest to any felony or to a reportable misdemeanor; OR are you under investigation for or been arrested for or charged with any felony or any misdemeanor that may affect patient safety, even if the case has not yet been adjudicated?		
3. Have you had any disciplinary or adverse action imposed against any professional license, or were you denied a professional license, or have you entered into any consent agreement, stipulated order, or settlement with any regulatory board; OR have you have been notified of any complaints or investigations against your license that have not yet been resolved?		
4. Have you entered into a diversion program for evaluation, treatment, or monitoring for substance abuse or dependency, or for correction of communication or boundary issues, in lieu of or as a condition of resolving a matter before a regulatory board, criminal or civil court; OR have you been notified that such action is pending?		
5. Has your DEA permit or prescription permit issued by any regulatory board been denied, restricted, suspended, lost, or had any other adverse action taken against it, OR have you been notified of any complaints or investigations against your authority to prescribe that have not yet been resolved?		
6. Has any award, settlement, or payment of any kind been made by you or on your behalf to resolve a civil suit or malpractice claim involving your practice, even if it was not required to be reported to the National Practitioner Data Bank; OR have you been notified that any such suit or claim is pending?		
7. Have your hospital privileges or health care program affiliations denied, restricted, lost, suspended or modified, or subjected to any other adverse action, even if that action was not required to be reported to the National Practitioner Data Bank; OR have you been notified of any complaints against or reviews of your privileges or affiliations that have not yet been resolved?		
8. During an internship, residency, or fellowship program were you placed on probation, had your privileges restricted or suspended, terminated from the program or had any other adverse action taken against your participation, even if that action was not required to be reported to the National Practitioner Data Bank?		

I, \_\_\_\_\_, declare and attest that I am the applicant and the person named in this application and in all materials submitted in support of this application; that all facts therein stated as well as any facts stated on any separate sheet attached hereto, are true, complete, and correct.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: Postgraduate Training Registration only allows an individual to function in an approved postgraduate training program. The practice of medicine outside such a setting, i.e. insurance physicals, signing documents with a "D.O." designation, etc., is a violation of law and may result in formal disciplinary action, the denial of license, or both.**

**INTERNSHIP-RESIDENCY-FELLOWSHIP PROGRAM CERTIFICATION**  
**To be completed by the DME**

This is to certify that \_\_\_\_\_, D.O., will be engaged in an accredited training program in the field of \_\_\_\_\_ at

Full Name of Training Program: \_\_\_\_\_

Address: \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

Phone Number: \_\_\_\_\_

This specific request for permit is for (dates): July 1, \_\_\_\_\_ to June 30, \_\_\_\_\_. (one year only)

OR special repeat or make up period from \_\_\_\_\_ to \_\_\_\_\_.

Please list the hospitals which this intern or resident will be working:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name Signed: \_\_\_\_\_

Name Printed: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**RECEIVING HOSPITAL CERTIFICATION FOR OUT-OF-STATE ROTATION DOCTORS  
SHORT TERM PERMIT (FOUR MONTHS OR LESS)**

**HOSPITAL PERSONNEL**

Name and Address of receiving hospital: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name Signed: \_\_\_\_\_

Name Printed \_\_\_\_\_

Date of Rotation From: \_\_\_\_\_ to \_\_\_\_\_



## SECTION III – ALIEN STATUS DECLARATION

**Directions:** To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Attach a legible copy of the front and back (if any), of a document from List B or other document that evidences your status. A.R.S. §1-501.

Name of Document(s) provided: \_\_\_\_\_.

**“Qualified Alien” Status** (8 U.S.C. § 1621(a)(1), § 1641(b) and (c))

- 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA).
- 2. An alien who is granted asylum under § 208 of the INA.
- 3. A refugee admitted to the United States under § 207 of the INA.
- 4. An alien paroled into the United States for at least one year under § 212(d)(5) of the INA.
- 5. An alien whose deportation is being withheld § 243(h) of the INA.
- 6. An alien granted conditional entry under § 203(a)(7) of the INA as in effect prior to April 1, 1980.
- 7. An alien who is a Cuban and Haitian entrant (as defined in § 501(e) of the Refugee Education Assistance Act of 1980).
- 8. An alien who is, or whose child or child’s parent is a “battered alien” or an alien subjected to extreme cruelty in the United States.

**Nonimmigrant Status** (8 U.S.C. § 1621(a)(2))

- 9. A nonimmigrant under the Immigration and Nationality Act [(8 U.S.C. § 1101 *et seq.*] Nonimmigrants are persons who have temporary status for a specific purpose. See 8 U.S.C. §1101(a)(15).

**Alien Paroled into the United States for Less Than One Year** (8 U.S.C. § 1621(a)(3))

- 10. An alien paroled in the United States for less than one year under § 212(d)(5) of the INA

**Other Persons** (8 U.S.C. § 1621(c)(2)(A) and (C))

- 11. A nonimmigrant whose visa for entry is related to employment in the United States, or
- 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associates States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 *et seq.*]
- 13. A foreign national not physically present in the United States.

**Otherwise Lawfully Present** (A.R.S. § 1-501)

- 14. A person not described in categories 1-13 who is otherwise lawfully present in the United States.  
**PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure.** (See (8 U.S.C. § 1621(a).

## SECTION IV – DECLARATION

**All applicants must complete and SIGN this section.** I declare under penalty of perjury under the laws of the state of Arizona that the answers I have given are true and correct to the best of my knowledge.

\_\_\_\_\_  
APPLICANT’S SIGNATURE

\_\_\_\_\_  
TODAY’S DATE

**EVIDENCE OF U.S. CITIZENSHIP, U.S NATIONAL STATUS, OR ALIEN STATUS**

**LIST A: U.S. CITIZEN OR U.S. NATIONAL**

Note: In this List, the term "Service" refers to the U.S. Citizenship and Immigration Service, formerly, the U.S. Immigration and Naturalization Service (INS).

[Source: Proposed Rules, Verification of Eligibility for Public Benefits, 8 CFR § 104.23; 63 FR 41662-01 August 4, 1998); and Interim Guidance of Verification of Citizenship, Qualified Alien Status and Eligibility Under Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 ("Interim Guidance"), 62 FR 61344. (Nov. 17, 1997), Attachment 4]

**Evidence showing U.S. citizen or U.S. national status includes the following:**

**a. Primary Evidence**

- (1) A birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);
- (2) United States passport;
- (3) Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens);
- (4) Certificate of Birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS-1350), copies of which are available from the Department of State;
- (5) Form N-561, Certificate of Citizenship;
- (6) Form 1-197, United States Citizen Identification Card (issued by the Service until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossings) (formerly Form 1-179, last issued in February 1974);
- (7) Form 1-873 (or prior versions), Northern Marianas Card (issued by the Service to a collectively naturalized U.S. citizen who was born in the Northern Mariana Islands before November 3, 1986);
- (8) Statement provided by a U.S. consular official certifying that the individual is a U.S. citizen (given to an individual born outside the United States who derives citizenship through a parent but does not have an FS-240, FS-545, or DS-1350); or
- (9) Form I-872 (or prior versions), American Indian Card with a classification code "KIC" and a statement on the back identifying the bearer as a U.S. citizen (issued by the Service to U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border).

[Source: Interim Guidance of Verification of Citizenship, Qualified Alien Status and Eligibility Under Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 ("Interim Guidance"), 62 FR 61344 (Nov. 17, 1997, Attachment 4)]

**b. Secondary Evidence**

If the applicant cannot present one of the documents listed in (a) above, the following may be relied upon to establish U.S. citizenship or U.S. national status:

- (1) Religious record recorded in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction) within three months after birth showing that the birth occurred in such jurisdiction and the date of birth or the individual's age at the time the record was made;
- (2) Evidence of civil service employment by the U.S. government before June 1, 1976;
- (3) Early school records preferably from the first school) showing the date of admission to the school, the applicant's date and U.S. place of birth, and the name(s) and place(s) of birth of the applicant's parent(s);
- (4) Census record showing name, U.S. nationality or a U.S. place of birth, and applicant's date of birth or age;
- (5) Adoption finalization papers showing the applicant's name and place of birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction), or, when the adoption is not finalized and the state or other U.S. jurisdiction listed above will not release a birth certificate prior to final adoption, a statement from a State-or-jurisdiction-approved adoption agency showing the applicant's name and place of birth in one of such jurisdictions, and stating that the source of the information is an original birth certificate;
- (6) Any other document that establishes a U.S. place of birth or otherwise indicates U.S. nationality (e.g., a contemporaneous hospital record of birth in that hospital in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);

**c. Collective Naturalization**

If the applicant cannot present one of the documents listed in (a) or (b) above, the following will establish U.S. citizenship for collectively naturalized individuals:

#### **Puerto Rico:**

- Evidence birth in Puerto Rico on or after April 11, 1899 and the applicant's statement that he or she was residing in the U.S., a U.S. possession or Puerto Rico on January 13, 1941 ; or
- Evidence that the applicant was a Puerto Rican citizen and the applicant's statement that he or she was residing in Puerto Rico on March 1, 1917 and that he or she did not take an oath of allegiance to Spain.

#### **U.S. Virgin Islands:**

- Evidence of birth in the U.S. Virgin Islands, and the applicant's statement of residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927;
- The applicant's statement indicating resident in the U.S. Virgin Islands as a Danish citizen on January 17, 1917 and residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927, and that he or she did not make a declaration to maintain Danish citizenship; or
- Evidence of birth in the U.S. Virgin Islands and the applicant's statement indicating residence in the U.S., a U.S. possession or territory or the Canal Zone on or after June 28, 1932.

#### **Northern Mariana Islands (NMI) (formerly part of the Trust Territory of the Pacific Islands (TTPI)):**

- Evidence of birth in the NMI, TTPI citizenship and residence in the NMI, the U.S., or a U.S. territory or possession on November 3, 1986 (NMI local time) and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time);
- Evidence of TTPI citizenship, continuous residence in the NMI since before November 3, 1981 (NMI local time), voter registration prior to January 1, 1975 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time); or
- Evidence of continuous domicile in the NMI since before January 1, 1974 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (PIMI local time). Note: If a person entered the NMI as a nonimmigrant and lived in the NMI since January 1, 1974, this does not constitute continuous domicile and the individual is not a U.S. citizen.

#### **d. Derivative Citizenship**

If the applicant cannot present one of the documents listed in a or b above, the following may be used to make a determination of derivative U.S. citizenship:

**Applicant born abroad to two U.S. citizen parents:** Evidence of the U.S. citizenship of the parents and the relationship of the applicant to the parents, and evidence that at least one parent resided in the U.S. or an outlying possession prior to the applicant's birth. **Applicant born abroad to a U.S. citizen parent and a U.S. non-citizen national parent:** Evidence that one parent is a U.S. citizen and that the other is a U.S. non-citizen national, evidence of the relationship of the applicant to the U.S. citizen parent, and evidence that the U.S. Citizen parent resided in the U.S., a U.S. possession, American Samoa or Swain's Island for a period of at least one year prior to the applicant's birth.

**Applicant born out of wedlock abroad to a U.S. citizen mother:** Evidence of the U.S. citizenship of the mother, evidence of the relationship to the applicant and, for births on or before December 24, 1952, evidence that the mother resided in the U.S. prior to the applicant's birth or, for births after December 24, 1952, evidence that the mother had resided, prior to the child's birth, in the U.S. or a U.S. possession for a period of one year.

#### **Applicant born in the Canal Zone or the Republic of Panama:**

- A birth certificate showing birth in the Canal Zone on or after February 26, 1904 and before October 1, 1979 and evidence that one parent was a U.S. citizen at the time of the applicant's birth.
- A birth certificate showing birth in the Republic of Panama on or after February 26, 1904 and before October 1, 1979 and evidence that at least one parent was a U.S. citizen and employed by the U.S. government or the Panama Railroad Company or its successor in title.

In all other situations in which an applicant claims to have a U.S. citizen parent and an alien parent, or claims to fall within one of the above category, but is unable to present the listed documentation:

- If the applicant is in the U.S., the applicant should contact the local U.S. Citizenship and Immigration Service office for determination of U.S. citizenship;
- If the applicant is outside the U.S., the applicant should contact the State Department for a U.S. citizenship determination.

#### **e. Adoption of Foreign-Born Child by U.S. Citizen**

- If the birth certificate shows a foreign and the applicant cannot be determined to be a naturalized citizen under any of the above evidence of U.S. citizenship;
- Because foreign-born adopted children do not automatically acquire U.S. citizenship by virtue of adoption by U.S. citizens, the applicant should contact local U.S. Citizenship and Immigration Service office for a determination of U.S. citizenship, if the applicant provides no evidence of U.S. citizenship.

#### **f. U.S. Citizenship by Marriage**

- A woman acquired marriage to a U.S. citizen before September 22, 1922. Provide evidence of U.S. citizenship of the husband and evidence showing the marriage occurred before September 22, 1922. Note: If the husband was an alien at the time of the marriage, and became naturalized before September 22, 1922, the wife also acquired naturalized citizenship. If the marriage terminated, the wife maintained her U.S. citizenship if she was residing in the U.S. at that time and continued to reside in the U.S.



ARIZONA BOARD OF OSTEOPATHIC EXAMINERS

**PAYMENT CARD AUTHORIZATION  
OSTEOPATHIC POSTGRADUATE TRAINING REGISTRATION FEE**

Payment for: \_\_\_\_\_, D.O.

**FEE: \$53.00**

Type of Card:  Visa  MasterCard

Card #:  -  -  -

Expiration Date:  /  (MM/YY)

Name as Shown on Payment Card: \_\_\_\_\_

**Billing Address: (Required)**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number of Card Holder: (Required) \_\_\_\_\_

**Mailing Address: (If different from billing address)**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete and return this form *with your application and all necessary documents* if paying by credit card.

This form and the application may be faxed to: 480-657-7715

*If faxing this form, please do not mail the original as you may be charged twice.*

OR

You may mail this form and application to:  
**Arizona Board of Osteopathic Examiners**  
9535 E. Doubletree Ranch Road  
Scottsdale, AZ 95258